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## BIB DATA SHEET

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**APPLICANTS**

Franz jun. Neuhofer, Zell am Moos, AUSTRIA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AT05/00016 01/25/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRIA A 317/2004 02/27/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***

10/26/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/ANDREW J TRIGGS/ Examiner's Signature	Initials	AUSTRIA	4	8

**ADDRESS**

COLLARD & ROE, P.C.  
 1077 NORTHERN BOULEVARD  
 ROSLYN, NY 11576  
 UNITED STATES

**TITLE**

Covering Device for Floor Coverings

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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